

APPEAL FORM

WASHINGTON STATE PERSONNEL APPEALS BOARD
2828 Capitol Blvd.
P.O. Box 40911
Olympia, WA 98504-0911

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www.pab.wa.gov

This form will help you provide necessary information to the Personnel Appeals Board when you file an appeal. You are not required to use this form; however, appeals must be filed in accordance with Chapter 358-20 WAC. If the space on the form is insufficient or if you wish to provide additional information, you may attach additional pages.

PRINT OR TYPE - SIGN ON PAGE 2

PART I. APPELLANT IDENTIFICATION

MR./MS. _____

HOME ADDRESS: _____
(Number and street)

(City, state and ZIP code)

PHONE NUMBERS: HOME: _____ WORK: _____
(Include area code)

EMPLOYING AGENCY OR INSTITUTION: _____

AGENCY OR INSTITUTION THAT TOOK ACTION YOU ARE APPEALING: _____

PART II. REPRESENTATIVE'S NAME, ADDRESS AND TELEPHONE NUMBER

An appellant may authorize a representative to act on his/her behalf. The Board must be notified of any change in representation.

PART III. TYPE OF APPEAL

CHECK **ONE** OF THE FOLLOWING TO INDICATE THE TYPE OF APPEAL YOU ARE FILING:

_____ a. Disciplinary: (check applicable action(s)).
_____ Dismissal, _____ Suspension, _____ Demotion, _____ Reduction in Salary;

_____ b. Nondisciplinary Separation (**WAC 356-30-012 ONLY**)

_____ c. Disability Separation;

_____ d. Rule or Law Violation (complete Part IV of this form; **See WAC 358-20-020 and 358-20-040(3)**);

_____ e. Reduction in Force/Layoff (complete Part IV of this form);

_____ f. Allocation (position classification) (complete Part V of this form);

_____ g. Declaratory Ruling (**see WAC 358-20-050**);

_____ h. Exemption of Position.

PART IV. RULE VIOLATION OR REDUCTION-IN-FORCE APPEALS ONLY

What Rule(s) or Law(s) do you believe were violated?

RCW 41.06.-
WAC 251-
WAC 356-
WAC 359-

Your appeal must cite the specific section of the state civil service law (Ch. 41.06 RCW) or Merit System Rules (Titles 251, 356 or 359 WAC) which you claim was violated, the particular circumstances of the alleged violation and how you were adversely affected by the alleged violation

Explain the particular circumstances, including relevant dates, of the alleged violation and how you were adversely affected:

What remedy are you requesting in this case?

PART V. ALLOCATION APPEALS ONLY

What is your present classification?

To which class do you think your position should be allocated?

Has there been a determination made by the Director of the Department of Personnel or designee? Yes___ No___

If so, when and by whom?

Please identify the specific exceptions you are taking to the Director's determination and the portions of the determination with which you disagree:

Please attach a copy of the Director's determination to this form pursuant to WAC 358-20-040(5).

SIGNATURE OF APPELLANT OR REPRESENTATIVE

DATE SIGNED